CI.	SMIA	AS	FII	FD.	. PA	RT	1
\sim \sim	~~******	\sim		LL (J)	- 1 ~		

	(Column 1)	(Column 2)		
TOTAL CLAIMS				
FOR .	12 (IABL TO LA LE)	NOMBEREXTRA		
TOTAL CHARGEABLE CLAIM:	mmus 2(t±			
INDEPENDENT CLAIMS	minus 3 =	•		
MULTIPLE DEPENDENT CLAIM P				

[•] If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

CLAIMS

REMAINING

AFTER

AMENDMENT

Total

Independent

CLAIMS AS AMENDED - PART II

Minus

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 2)

HIGHEST

NUMBER

PREVIOUSLY

PAID FOR

02

(Column 3)

PRESENT

ARTX3

	TYPE [OR	SMALL ENTITY			
	RATE	FEE		RATE	FEE		
	BASIC FEE	370 60	OB	BASIC FEE	740 00		
	X\$ 9±		OR	X\$18=			
	X42=		OR.	X84=			
l	+140=		OR	+280·:			
	JATOT		C4B	TOTAL			

OTHER THAN

SMALL ENTITY

		OTHER THAN
SMALL ENTITY	OR	SMALL ENTITY

r			•	SWALL	CHILL
	RATE	ADDI- TIONAL FEE	Same	RATE	ADDI: TIONAL FEE
	X\$ 9=		OR	:X\$18±	loras
	X42=	/	OR	Х84≒	50400
	+140=	_	OR	+280=	
A	TOTAL DDIT FEE	2	OR,	TOTAL BBR TICO	

		(Column 1)		(Column 2)	(Column 3)
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
ğ	Total	- 28	Mińus	1	=
MEN	İndepen dent	. 14	Minus	44	=
<u> </u>	FIRST PRESE				

		- 2		
RATE	ADDI- TIONAL FEE		"RATE	ADDI- TIONAL FEE
X\$ 9=	-11	OR	X\$18=	16
X42=		OR	X84±,	
+140=		OR	+280=	k
TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	

		(Column 1)		(Column 2)	(Column 3)					
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		RIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total	*	Minus		=					
	Independent	• Minus		444	=					
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

If the intry in column 1 is tess than the entry in column 2, write "0" in column 3.

^{**}If th "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3."

-	- 11 では、 20mmを発生では20mmでは20mmであった。								
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9=		OR	X\$18=					
	X42=		OR	X84=					
	+140=		OR	+280=					
,	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE					

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR	OTHER SMALL				
FO	OR NUMBER FILED NUMBER EXTRA								RATE	FEE		RATE	FEE	ł
			Section Section	ar of the state of	ele di dis		The Committee of the Marie		· · · · ·	345.00	OR		690.00	1
	BASIC FEE									0.10.00	Un			ł
то	TAL CLAIMS		9	minus 2					X\$ 9=		OR	X\$18=	36	-
IND	EPENDENT CL	AIMS	9	minus	3 = *		7		X39=		OR	X78=	390	ť
MU	LTIPLE DEPEN	DENT	CLAIM PI	RESENT					+130=		OR	+260=	4	
* If	the difference	in colu	ımn 1 is	less than ze	ro, er	nter "0" in o	column 2		TOTAL		OR	TOTAL	11/6]
	CI		S AS A	MENDED		ART II olumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
NT A	A	CL REM	AIMS IAINING FTER NDMENT		H N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	2-8	Minus	**	28	= 6		X\$ 9=	_	OR	X\$18=		
ME	Independent	*	14	Minus	***	8.	= 4		X39=)	OR	X78=		
_	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DEF	PENDI	ENT CLAIN		1	+130=	>	OR	+260=		1
			1					L	TOTAL		OR [.]	TOTAL ADDIT. FEE		1
	- <u>4</u>	(00	lumn 1)		(C	olumn 2)	(Column 3)		ADDIT. FEE			A0011.1 LL		Ţ
NT B		REN A	LAIMS MAINING FTER NDMENT		H N PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	•		Minus	***		=		X39=		OR	X78=		1
~	FIRST PRESE	NTATI	ON OF M	ULTIPLE DE	PEND	ENT CLAIN	Λ	J	400		1	+260=		1
									+130=		OR	TOTAL		4
									ADDIT. FEE		OR	ADDIT. FEE		d
			lumn 1)			olumn 2)	(Column 3)							4
ENTC		RE	LAIMS MAINING AFTER INDMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE	
	Total			Minus			=		X\$ 9= ·		OR	X\$18=		1
AMENDMENT	Independent	•		Minus	***		=		X39=		OR	X78=		1
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	1	, , ,	 	1	
		4 .	. 1 41	ika animila sali	ume o	write "O" in	volumn 3		+130=		OR	+260=		4
	If the entry in colu	ımber F	Previously I	Paid For' IN TH	IIS SPA	ACE is less th	nan 20, enter "20	0."	TOTAL ADDIT. FEE		OR	ADDIT. FEE	<u></u>	4
1.	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													